

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Nasser Ahmad  
Group Art Unit : 1772  
Applicants : Bryan T. Baker et al  
Serial No. : 10/047,300  
Filed : October 25, 2001  
For : RE-SEALABLE BAG CLOSURE LABEL AND RELATED  
METHOD OF MANUFACTURE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 18 2003  
TC 1700

*[Handwritten signature]*  
6/24/03  
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RESPONSE

In response to the Office Action mailed February 13, 2003, the period for response with a one-month extension being until June 13, 2003, please amend the above-identified application as follows:

In the Claims

Please amend claims 1-8 and add new claims 35-37 as set forth in the following Claim Amendments, which list and provide the status of each claim, and include markings to show current amendments.

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CERTIFICATE OF MAILING

I hereby certify that the attached Petition and Fee for Extension of Time (37 CFR 1.136(a)), Fee of \$110 and Response are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

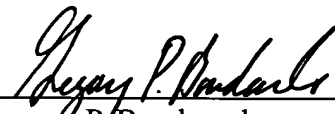
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 11, 2003.

Respectfully submitted,

BRYAN T. BAKER ET AL

By: Warner Norcross & Judd LLP

  
\_\_\_\_\_  
Gregory P. Bondarenko  
Registration No. 44,547  
900 Fifth Third Center  
111 Lyon Street, N. W.  
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**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

## CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*14	Minus	**34	-0-	x \$9	\$0	x \$18	\$0
Independent Claims	*3	Minus	***5	-0-	x \$42	\$0	x \$84	\$0
First Presentation of Multiple Dependent Claim					+ \$140	\$0	+ \$280	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0	\$	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1.  X  No additional fee is required.
2.   A check in the amount of \$   is attached.
3.  X  Please charge any additional fees or credit overpayment to Deposit Account No. 23 0457.

WARNER NORCROSS & JUDD LLP

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